

UNCHED
VERIFIED

affidavit attached

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

1098

CERTIFICATE OF DEATH

| BIRTH NO. | | 1. PLACE OF DEATH | | B. LENGTH OF STAY | | 2. USUAL RESIDENCE | | REGISTRAR'S NO. | |
|------------------------------------|--|---|--|---|--|--|--|--|--|
| | | A. COUNTY | | IN THIS TOWN | | A. STATE | | (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) | |
| PLACE OF DEATH AND USUAL RESIDENCE | | COCHISE | | 2 wks 13 yrs | | ARIZONA | | COCHISE | |
| | | C. CITY OR TOWN BENSON | | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN BISBEE | | <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | |
| | | D. FULL NAME OF HOSPITAL OR INSTITUTION BENSON HOSPITAL | | (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | | D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 515 TOMBSTONE CANYON | | E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| DECEDENT PERSONAL DATA | | 3. NAME OF DECEASED (TYPE OR PRINT) FARREL | | A. (FIRST) B. (MIDDLE) C. (LAST) ROBERT NELSON | | 4. SEX MALE | | 5. COLOR OR RACE WHITE | |
| | | 6B. NAME OF SPOUSE NONE | | 7. DATE OF BIRTH MONTH 1 DAY 20 YEAR 20 | | 8. AGE (IN YEARS LAST BIRTHDAY) 43 | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) PURCHASING | |
| | | 9B. KIND OF BUSINESS OR INDUSTRY CIVIL SERVICE | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARIZONA | | 11. CITIZEN OF WHAT COUNTRY? U.S.A. | | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO | |
| | | 14A. FATHER'S NAME FARREL T. NELSON | | 14B. BIRTHPLACE (STATE OR COUNTRY) ARIZONA | | 15A. MOTHER'S MAIDEN NAME MARGARET BUSBY | | 13. SOCIAL SECURITY NO. 526-24-8053 | |
| | | 16. INFORMANT'S SIGNATURE Farrel T. Nelson | | ADDRESS Bisbee, Arizona | | 17. DATE OF DEATH JANUARY 24, 1963 | | 15B. BIRTHPLACE (STATE OR COUNTRY) ARIZONA | |
| 593X CAUSE OF DEATH (ITEM 18) | | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Uremia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Nephritis DUE TO (C) unknown II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | INTERVAL BETWEEN ONSET AND DEATH 3 months unknown | | | |
| OPERATIONS, AUTOPSY | | 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| MEDICAL CERTIFICATION | | 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 10 63, 1963, TO Jan. 24 63, 1963, THAT I LAST SAW THE DECEASED ALIVE ON Jan. 24 63, 1963, AND THAT DEATH OCCURRED AT 7:35 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | 22A. SIGNATURE (DEGREE OR TITLE) William K. Johnson MD | | 22B. ADDRESS 131 E. 6th St. Benson, Ariz | | 22C. DATE SIGNED 1/24/63 | |
| DEATH DUE TO EXTERNAL VIOLENCE | | 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) | | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | | 23C. (CITY OR TOWN) (COUNTY) (STATE) | | | |
| | | 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M | | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 23F. HOW DID INJURY OCCUR? | | | |
| CORONER'S CERTIFICATION | | 24A. CORONER'S SIGNATURE | | 24B. ADDRESS | | 24C. DATE SIGNED | | | |
| FUNERAL DIRECTOR AND REGISTRAR | | 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 25B. DATE 28 JAN. 1963 | | 25C. NAME OF CEMETERY OR CREMATORY ST. DAVID CEMETERY | | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) ST. DAVID, ARIZONA | | | |
| | | 26A. DATE REC. BY LOCAL REG. 1-31-63 | | 26B. REGISTRAR'S SIGNATURE Amy Lewis, Reg. Local Reg | | 27A. FUNERAL DIRECTOR'S SIGNATURE Russ E. Clark | | 27B. ADDRESS BISBEE, ARIZONA | |
| | | | | 28A. EMBALMER'S SIGNATURE Russ E. Clark | | 28B. EMBALMER'S CERT. NO. 292 A | | | |